1087 Business Park Dr. Traverse City, MI 49686 Tel: (231) 947-6000 Fax: (231) 947-6593



9116 E. 13th Street Cadillac, MI 49601 Tel: (231) 468-3200 Fax: (231) 947-6593

Cone Beam Computed Tomography (CBCT) Referral Form

TRAVERSE CITY CADILLAC

Ordered By (Referring Provider)

Patient Information

Patient Name:
Phone:
Date of Birth:
Street:
State: Zip/Postal Code:
Email:
Dental History & Medical Alerts:

Region to be Scanned

] UR	[]	LR
] UAnt	[]	LAnt
] UL	[]	LL

12345678	910111213141516
32 31 30 29 28 27 26 25	2423222120191817

Tooth Number:

Comments:

PLEASE RETURN COMPLETED FORM BY

FAX: (231) 947-6593

OR

CONTACT@SHORELINE-ENDODONTICS.COM

Reason(s) for the Scan

[]	Implant(s)	[]	Sinus(es)	[]	Impaction
[]	Trauma	[]	Surgery	[]	Pathology
[]	Other, please explai	n:				

Interpretation of CBCT Scan

Dental CBCT scans will be sent out for interpretation, with an additional cost for that service, unless specifically noted and initialed below by the referring provider. *



* Do NOT send scan for interpretation. Referring provider will interpret scan.

*Interpretation and Reading: You will need to rely on your referring provider or an Oral and Maxillofacial Radiologist for interpretation of your scan. Shoreline Endodontics will take the scan that has been requested, but will only evaluate the scan for 'quality' and to ensure the 'region of interest requested' was imaged. The staff, technicians, and doctors at Shoreline Endodontics will not interpret, diagnose, or provide treatment recommendations for you. NOTE: Unless indicated above in writing, Shoreline Endodontics will send your scan for formal reading by an Oral and Maxillofacial Radiologist at an additional cost, which must be paid in advance of sending the scan. Your referring provider will determine the need to send your scan for a formal reading, or you may request your referring provider send your scan for a formal reading.